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**RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP:2816**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

STERLING SMITH

Serial No.: 10/663,755

Filed: September 17, 2003

For: INTERFACE CIRCUIT FOR CHIP

Art Unit: 2816

Examiner: NGUYEN, HIEP

AMENDMENT AFTER FINAL REJECTION

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on November 12, 2004, please amend the above-identified application as follows:


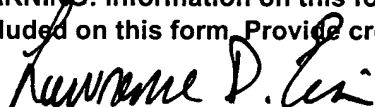
A two-month extension of time is believed to be due, as detailed in the attached documents. Any additional fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

Amendments to the Specification: None.

Amendments to the Claims: reflected in the listing of claims that begins on page 2 of this paper.

Amendments to the Drawings: None

Remarks: begin on page 6 of this paper.

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. MSS0007-US	
Applicant(s): STERLING SMITH					
Application No. 10/663,755	Filing Date 09/17/2003	Examiner NGUYEN, HIEP	Customer No. 28970	Group Art Unit 2816	Confirmation No. 3830
Invention: INTERFACE CIRCUITRY FOR DISPLAY CHIP					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1390 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: APRIL 12, 2005		
LAWRENCE D. EISEN REG. NO. 41,009 PILLSBURY WINTHROP SHAW PITTMAN LLP 1650 TYSONS BOULEVARD MCLEAN, VA 22102			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					